



Academic Advising Summer Institute 2005

Check one:

- June 12-17, 2005 St. Paul, MN
- July 31-August 5, 2005 Colorado Springs, CO

Name: _____
Last First M.I. Badge Name

Job Title: _____

Institution: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Day Phone: _____ Evening Phone: _____

Fax: _____ E-mail: _____

REQUIRED: All NACADA communication is done electronically; therefore, it is essential we have your email address so you may receive the NACADA newsletter and other communications.

★★ **MEMBERSHIP INFORMATION:** Complete the information below **ONLY** if you select "Renewing or New Member" registration option ★★

- | | | | |
|--|---|---------------------------------|-----------------------------------|
| ROLE: (Choose 1) | DEMOGRAPHIC INFORMATION: (Optional) | | |
| <input type="checkbox"/> Faculty Advisor (FA) | <input type="checkbox"/> African Amer./Black | <input type="checkbox"/> Female | <input type="checkbox"/> Under 22 |
| <input type="checkbox"/> Academic Advisor/Counselor (PA) | <input type="checkbox"/> Native American | <input type="checkbox"/> Male | <input type="checkbox"/> 22-30 |
| <input type="checkbox"/> Advising Administrator (AA) | <input type="checkbox"/> Hispanic/Latino | | <input type="checkbox"/> 31-40 |
| <input type="checkbox"/> Counselor (CN) | <input type="checkbox"/> Asian American | | <input type="checkbox"/> 41-50 |
| <input type="checkbox"/> Non-Institutional (NI) | <input type="checkbox"/> European Amer./White | | <input type="checkbox"/> 51-60 |
| <input type="checkbox"/> Other (OT) | <input type="checkbox"/> Other | | <input type="checkbox"/> 61-70 |
| | | | <input type="checkbox"/> Over 70 |

USE OF INFORMATION: (to be **excluded** check box)
 Periodically NACADA distributes mailing lists to other educational entities.

YOU MAY CHOOSE ANY FOUR (4) OF THE FOLLOWING:

- | | |
|---|---|
| COMMISSIONS: | INTEREST GROUPS: |
| <input type="checkbox"/> C01 Advising Adult Learners | <input type="checkbox"/> C20 Health Professions Advising |
| <input type="checkbox"/> C03 Multicultural Concerns | <input type="checkbox"/> C23 Distance Education Advising |
| <input type="checkbox"/> C05 Advising Administration | <input type="checkbox"/> C24 High School to College Advising |
| <input type="checkbox"/> C06 Advsg. Grad. & Prof. Students | <input type="checkbox"/> C25 Probation/Dismissal/Reinstatement Issues |
| <input type="checkbox"/> C07 Two-Year Colleges | <input type="checkbox"/> C27 Theory & Philosophy of Advising |
| <input type="checkbox"/> C08 Small Colleges and Universities | <input type="checkbox"/> C28 Adv. High Achieving Students |
| <input type="checkbox"/> C11 Advising Business Majors | <input type="checkbox"/> C31 First Generat. Coll. Student Advsg. |
| <input type="checkbox"/> C12 Advising Student Athletes | <input type="checkbox"/> C33 Advising Fine Arts Students |
| <input type="checkbox"/> C13 Undecided/Exploratory Students | <input type="checkbox"/> C34 Pre-Law Advising |
| <input type="checkbox"/> C14 Technology in Advising | <input type="checkbox"/> C35 Canada |
| <input type="checkbox"/> C15 Faculty Advisors | <input type="checkbox"/> C36 Native American & Tribal College |
| <input type="checkbox"/> C16 Advsg. Students with Disabilities | <input type="checkbox"/> C37 Peer Advising & Mentoring |
| <input type="checkbox"/> C17 Advisor Training & Development | <input type="checkbox"/> C38 Study Abroad Advising |
| <input type="checkbox"/> C18 LGBT Concerns | |
| <input type="checkbox"/> C19 Advising Transfer Students | |
| <input type="checkbox"/> C21 Engg. & Science Advising | |
| <input type="checkbox"/> C22 Advising Education Majors | |
| <input type="checkbox"/> C26 ESL/International Student Advising | |
| <input type="checkbox"/> C30 Liberal Arts Advisors | |
| <input type="checkbox"/> C32 Assessment of Advising | |

- ACADEMIC AREA:** Curriculum in which you primarily advise (Choose 1)
- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Ecology | <input type="checkbox"/> Social Science |
| <input type="checkbox"/> Allied Health | <input type="checkbox"/> Engineering | <input type="checkbox"/> Humanities | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Law | <input type="checkbox"/> Multiple Areas |
| <input type="checkbox"/> Business | <input type="checkbox"/> Gen. Arts & Sci. | <input type="checkbox"/> Nat./Comp. Sci. | <input type="checkbox"/> Other |

INSTITUTION TYPE: (Check One)
 2-Year 4-Year Public 4-Year Private

ACCESSIBILITY/DIETARY NEEDS:
 I have dietary needs _____
 I have physical accessibility needs _____

Please indicate these needs by email to Diane at nacada@ksu.edu at least 3 weeks before the conference.

REGISTRATION OPTIONS:
 Early discount applies for St. Paul Institute before May 17, 2005
 Early discount applies for Colorado Springs Institute before July 8, 2005

	Early	Later
<input type="checkbox"/> NACADA Individual Member	\$695	\$730
<input type="checkbox"/> Renewing or New Member	\$750	\$785
★★ Includes membership for 1 year, be sure to complete information in the box to the the left ★★		
<input type="checkbox"/> Non-member	\$795	\$835
Total Due	\$ _____	

PAYMENT INFORMATION:
 Check # _____
 P.O. # (attach copy) _____
 Credit Card Visa MasterCard American Express

Card # _____
 Expiration Date _____

Card Holder's Name _____
 Card Holder's Signature _____

NACADA FEIN #: 48-1114759

Mail with payment to:
NACADA Summer Institute
 2323 Anderson Avenue, Suite 225
 Manhattan, KS 66502-2912

**FAX with Credit Card # or
 copy of Purchase Order to**
 785-532-7732

For more information on NACADA, please e-mail nacada@ksu.edu or call (785) 532-5717.

FOR OFFICE USE ONLY	
Initials: _____	Date: _____
Check #: _____	
Deposit #: _____	